

# FY2007 Application

## Challenge Grant Program

**Intent to Apply Deadline: January 1, 2006 (REQUIRED)**

**Application Deadline: March 31, 2006**

**This form must be typed. No handwritten applications will be accepted.** Please also refer to the guidelines/instructions.

<b>APPLICANT INFO.</b>	Organization Name		Federal Employer ID#	
US House District _____	Street Address			
KY Senate District _____	City	State	Zip Code - Plus 4	County
KY House District _____	Web address		Email address	
To lookup district info, use <a href="http://www.vote-smart.org">www.vote-smart.org</a> or call your County Clerk's office.	Daytime Phone #	Second Phone #	FAX #	
	Director/Administrator Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Director/Administrator Name & Title	
<b>PROPOSAL</b>	Project Title (short phrase) Operating Support			
	Project Begin Date 07/01/2006	Project End Date 06/30/2007	Total KAC funding Last Year (all categories):	
	# of Individuals who will benefit: Youth                      Adult		# of Artists Participating:	
	Contact Person Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.			
	Contact Person Name & Title		E-Mail	
	Phone #		Fax #	
<b>Applicant Status</b> _____	Please choose <b>ONE</b> :			
	02 Organization - Non-Profit	07 Government - County	09 Government - Tribal	
	06 Government - Regional	08 Government - Municipal	99 None of the Above	
<b>Grantee Race / Ethnicity:</b>				
Check only One <input type="checkbox"/> that best represents 50% or more of staff or board or membership (not audience)	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian		
	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Black/African American		
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White		

<b>KAC Staff Use ONLY</b>					
FY: 2007	APP #:	CLIST #:			
App Status:	App Institution:	App Discipline:			
Project Disc:	Activity: 11	Project Race: 99			
AIE Percent:	AIE Description:	Project Descriptors: N/A			
Grant Program: CG	Grantee Race:	Date Received:			

<b>Applicant Institution</b> _____  If using paper version of this form, please refer to Application Instructions for code numbers.	Please choose <b>ONE</b> (click the "▲" to the left of a category to expand group information & obtain a code number.)		
	▲ Community Organizations ▲ Councils / Service Groups ▲ Educational Institutions	▲ Media ▲ Performing Groups ▲ Venues/Presenters	▲ Other
<b>▪ Please read and print instructions before completing the Organizational Financial Summary and Project Budget!</b>			
<b>Organizational Financial Summary</b> <i>( Round off all amounts to the nearest dollar. Make sure your figures agree with your attached financial statements and budget.)</i>			
Fiscal Year Ends _____	Last Year (Most recently completed fiscal year)	This Year (Projected)	Next Year (Projected)
Total Revenues	_____	_____	_____
Total Expenses	_____	_____	_____
Net (Revenues - expenses)	_____	_____	_____
<b>Total Net Assets</b>			
_____			

**Budget Notes:** In an attachment, provide budget notes to explain any major financial changes or deficits. If your organization currently has any debt, please describe it and any plans to eliminate the debt.

### ***Accessibility Check List***

List which of the following accessibility services your facility(ies) provides for persons with disabilities:

#### **For person with mobility disabilities:**

- |                                                                                            |                                                                                            |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Accessible-height telephones                                      | <input type="checkbox"/> Wheelchair-compatible outdoor paving                              |
| <input type="checkbox"/> Accessible-height drinking fountains                              | <input type="checkbox"/> Wheelchair-compatible indoor carpeting                            |
| <input type="checkbox"/> Accessible-height mirrors in restrooms                            | <input type="checkbox"/> Ramped access                                                     |
| <input type="checkbox"/> Accessible-height paper towel dispensers in restrooms             | <input type="checkbox"/> Accommodations for wheelchair seating free of sight-line barriers |
| <input type="checkbox"/> Grab bars in restrooms                                            | <input type="checkbox"/> Accessible dressing rooms for performers with disabilities        |
| <input type="checkbox"/> Sufficient door width (26") for restrooms                         | <input type="checkbox"/> Accessible stage for performers with disabilities                 |
| <input type="checkbox"/> Ready information or signage regarding fully accessible restrooms | <input type="checkbox"/> Facility doors with electrical operating controls                 |

#### **For persons with visual disabilities:**

- |                                                               |                                                                  |
|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Braille signage on restroom doors    | <input type="checkbox"/> Readily available large-print materials |
| <input type="checkbox"/> Braille signage on elevator controls | <input type="checkbox"/> Audio description                       |
| <input type="checkbox"/> Braille room numbers                 | <input type="checkbox"/> Taped text                              |
| <input type="checkbox"/> Braille exit signs                   |                                                                  |

#### **For persons with hearing disabilities:**

- |                                                            |                                                            |
|------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Assistive listening systems       | <input type="checkbox"/> Telecommunications devices (TDDs) |
| <input type="checkbox"/> Hearing aid-compatible telephones | <input type="checkbox"/> Sign language interpretation      |
| <input type="checkbox"/> Captioning                        |                                                            |

#### **For persons with speech disabilities:**

- |                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Computer terminals           | <input type="checkbox"/> Speech synthesizers |
| <input type="checkbox"/> Computer communication board |                                              |

#### **Other accommodations:**

- ☐ Notice in publicity materials of availability of access services for person with disabilities (e.g. sign language interpretation, audio description, etc.)
- ☐ Sensitivity training concerning persons with disabilities for staff
- ☐ Sensitivity training concerning persons with disabilities for volunteers
- ☐ Sensitivity training concerning persons with disabilities for board

## ***Instructions for Completing Narrative***

To assist panelists in reading your application, duplicate the number and heading of each subject and performance expectation (e.g. **1. Value/Role of Arts**) before your response to that item. Place the organization's name and the words "Challenge Grant Program" in the upper right-hand corner of each page.

## ***Narrative Outline***

Please respond to the Introduction and each of the Performances Expectations on a total of not more than eight pages. Be sure to include complete information on each bulleted item, in the order below, when writing your narrative.

**Please note that the *Introduction* (Description of Your Organization and Community, etc.) will not be scored by the panel, and may be more briefly written than the *Performance Expectations* if necessary to meet the maximum eight-page limit on the narrative.**

## ***Introduction***

### **Description of Your Organization**

- Provide a brief overview of your organization's history and purpose, including its artistic objectives. If your organization is not solely an arts organization, describe the extent of its arts activities.
- Describe the facility/facilities your organization uses most often, including seating capacity or exhibition wall space. Indicate if you own or rent your facility/facilities, or if the use of the space is donated.
- Provide a brief timeline listing your planning and programming for last year and this year that demonstrates the year-round nature of your activities.
- Describe the characteristics of your board: its total size; ethnic or racial diversity; the average attendance at board meetings; number of meetings per year; the length of board terms; average tenure on the board; representative skills; and community groups represented on the board.
- Indicate if the board elects its own members or if the board is elected by the organization's membership. Indicate if your board has advisory committees, such as artist-advisory, civil rights, or advocacy committees. Describe the board's major functions (e.g., fundraising, policy setting, etc.).
- Indicate how many full- and part-time paid staff you have, and their ethnic or racial diversity. Provide their titles and a brief description of roles and responsibilities.
- Indicate approximately how many volunteers you have. List the kinds of activities in which volunteers are involved, and their ethnic or racial diversity.
- Estimate how many artists were involved last year in providing services for your programs as exhibitors, performers, costumers, guest directors, consultants, et al., either paid or unpaid.
- Indicate if your organization has operated without a deficit in recent years. If your organization has a deficit or other financial problems, please describe them and your plans to restore the organization to financial health.
- Indicate if your organization has an accumulated cash surplus or operating reserve, and if so, how much.

### **Description of Your Community and Audience(s)**

- Describe your community, its demographics, and its artistic environment.
- Describe your organization's service area; meaning the area you primarily serve.

- Describe your audience (e.g. artists, general public, children). If your organization serves different audiences, describe each.
- Provide total attendance figures or the number of participants in your programs for last year; separating paid from free attendance. Give examples of typical attendance figures at individual events.
- Indicate if you have members or subscribers. If so, indicate the membership categories and how many in each.

## ***Performance Expectations***

### **1. Value/Role of the Arts (50%)**

- Give clear evidence of how the organization's programs and partnerships will provide public value; meaning positive impact on the community, such as cultural enhancement, community identity, economic development, etc.
- Describe the methods you will use to increase arts participation through strategies to broaden, deepen, and/or diversify current participation. (Diversify means to attract different kinds of people than the organization already attracts. Broaden means to attract more of the people the organization already attracts. Deepen means to increase the level of involvement of current participants.)
- Describe how you plan to distribute information about your programs, including your marketing or audience development strategy/strategies. Give examples of plans you have for increasing audiences.
- Describe the organization's arts and/or arts education advocacy strategies. Explain how your organization will be involved in the public life of your community, and how you plan to involve your public officials in the activities of your organization.

### **2. Delivery (25%)**

- Describe the ways in which you plan for the organization's administration and programming, including attention to organizational capacity and provision/allocation of resources. Indicate who is involved in that planning.
- Describe the means your organization will use to determine and ensure artistic and/or programming quality.
- Describe your policies and procedures for ensuring fiscal control and responsibility. Explain how the board will be involved in financial review and how often plans will be reviewed.
- Describe what efforts your organization will make to obtain new sources of funding, including planned fundraising activities, such as benefit events and membership drives.
- Describe the methods your organization will use for the data collection, analysis and maintenance necessary for the organization's efficient arts delivery and participation building.
- Describe the methods by which your organization will assess its programs. Give specific examples. Include your criteria for measuring success and who will be involved in the assessment of your programs.

### **3. Responsiveness to Community (25%)**

- Describe your programs or services that promote lifelong learning, at whatever applicable levels or ages, and their benefit to the community.

- Describe what efforts your organization will make to secure new partnerships in programming, sponsorships, etc.
- Give specific examples of any of your programs or services that will take your artistic product to new or broader audiences (e.g., touring, partnerships, special programming, residencies, etc). Indicate what groups you plan to reach with these programs.
- Describe your programming plans for inclusion of, and outreach to, underserved populations and persons with disabilities.

### **Eligible Income**

**The attached *Eligible Income Form* is provided for applicants to calculate their total income that is eligible for Challenge Grant matching.**

Eligible income must be from the organization's most recently completed fiscal year and include the following:

- Unrestricted contributed revenues for general operating purposes from individuals, businesses, united arts funds, foundations and local governments (including previously restricted funds released from restrictions for current expenditure)
- Net income from special fundraising events

**Ineligible** income includes the following:

- All earned income, such as memberships, ticket sales, admissions and concessions
- In-kind support
- Grants from state or federal government
- Interest
- Bequests and income from bequests either made either directly to the organization or routed through other sources (i.e. through a foundation)
- Single gifts of more than \$500,000 to annual operating funds, not including annual allocations from united funds
- Grants or gifts for endowments or capital expenditures
- Cash reserve funds

The Kentucky Arts Council reserves the right to ask for donor lists and any related information to verify annual contributions. An auditor will review applicants' financial statements for accuracy and eligible income amounts.

### **Mailing Address for Completed Application**

Kentucky Arts Council  
21<sup>st</sup> Floor, Capital Plaza Tower  
500 Mero Street, 21<sup>st</sup> Floor  
Frankfort, KY 40601-1987

## ***Eligible Income form***

Total cash income for applicant's last completed fiscal at application deadline – including previously restricted funds released from restrictions for current expenditure – not including in-kind contributions \$ \_\_\_\_\_

---

Minus earned income, such as memberships, ticket sales, admissions & concessions \$ \_\_\_\_\_

Minus grants from state or federal government \$ \_\_\_\_\_

Minus interest income \$ \_\_\_\_\_

Minus bequests & income from bequests either made directly to the applicant or routed through other sources (i.e. foundations) \$ \_\_\_\_\_

Minus single gifts of more than \$500,000 to annual operating funds, not including annual allocations from united arts funds \$ \_\_\_\_\_

Minus grants or gifts for endowment or capital expenditures \$ \_\_\_\_\_

Minus cash reserve funds \$ \_\_\_\_\_

Minus restricted funds, including temporarily restricted funds – the definition of “restricted” being, “Limited externally or internally, per the applicant's audit or financial statement, for specific use, eligible recipients, or distribution procedures” – annual united arts fund allocations not included \$ \_\_\_\_\_

Minus funds used to cover expenses for fundraising events for general operating purposes \$ \_\_\_\_\_

**If the applicant is a united arts fund**, minus allocations to other Challenge Grant applicants in this application cycle – the Arts Council will provide a list of Challenge Grant applicants upon request \$ \_\_\_\_\_

Expense subtotal

---

Total income eligible for Challenge Grant matching \$ \_\_\_\_\_

A breakdown of eligible income must be easily tracked in the applicant's audit or financial statement. Applicants are encouraged to provide their auditors with the eligible income instructions prior to contracting for audits.

## ***Application Checklist***

**Include this application checklist as the first page of your application package.**

Your application is not complete and will not be reviewed for funding if it does not include the following mandatory information.

**One signed copy** of the following:

- ☐ Challenge Grant Program Application and Narrative

**Three copies** of the following, clearly separated and placed in the following order:

- ☐ Resumes of chief administrator and artistic director.
- ☐ Board list with the business or community affiliations of members noted, and officers indicated (2 pages maximum)
- ☐ Organizational chart
- ☐ Financial Statement, or Audit for most recently completed fiscal year (in 8 ½" x 11" format)
- ☐ Operating Budget
- ☐ Eligible Income Form
- ☐ Supporting materials such as letters of support, favorable reviews, sample programs, organizational brochures, subscription or membership brochures, CDs, videos and/or cassette tapes, exhibit catalogues, etc. It is recommended that supporting materials be limited to 15 pages/pieces of any combination of the above. Letters of support, reviews, and other photocopied materials must be on standard-size (8 ½" x 11"), single-sided white paper only.
- ☐ Long-range or other type of strategic plan
- ☐ Development or fundraising plan
- ☐ Copy of IRS Determination Letter (To assist the Kentucky Arts Council in updating its files, all applications must provide their IRS Determination Letter.)
- ☐ Name and contact information of the board member who will be the advocacy contact for the organization's board.

**If you would like acknowledgement of receipt of your application please enclose a:**

- ☐ self-addressed, and stamped #10 envelope ***OR***

- ☐ provide an email address: \_\_\_\_\_

**If you would like return of support materials, please enclose a:**

- ☐ self-addressed, AND stamped mailer (minimum 6" x 9")

## ***Applicant Signature***

*I certify that I am legally authorized to submit this application on behalf of the applicant organization and that the foregoing statements and enclosures are true and complete to the best of my knowledge.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**All signatures must be in RED ink.**

Applicant (Type Name) \_\_\_\_\_ Title: \_\_\_\_\_